

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District _____

Lakes Class _____

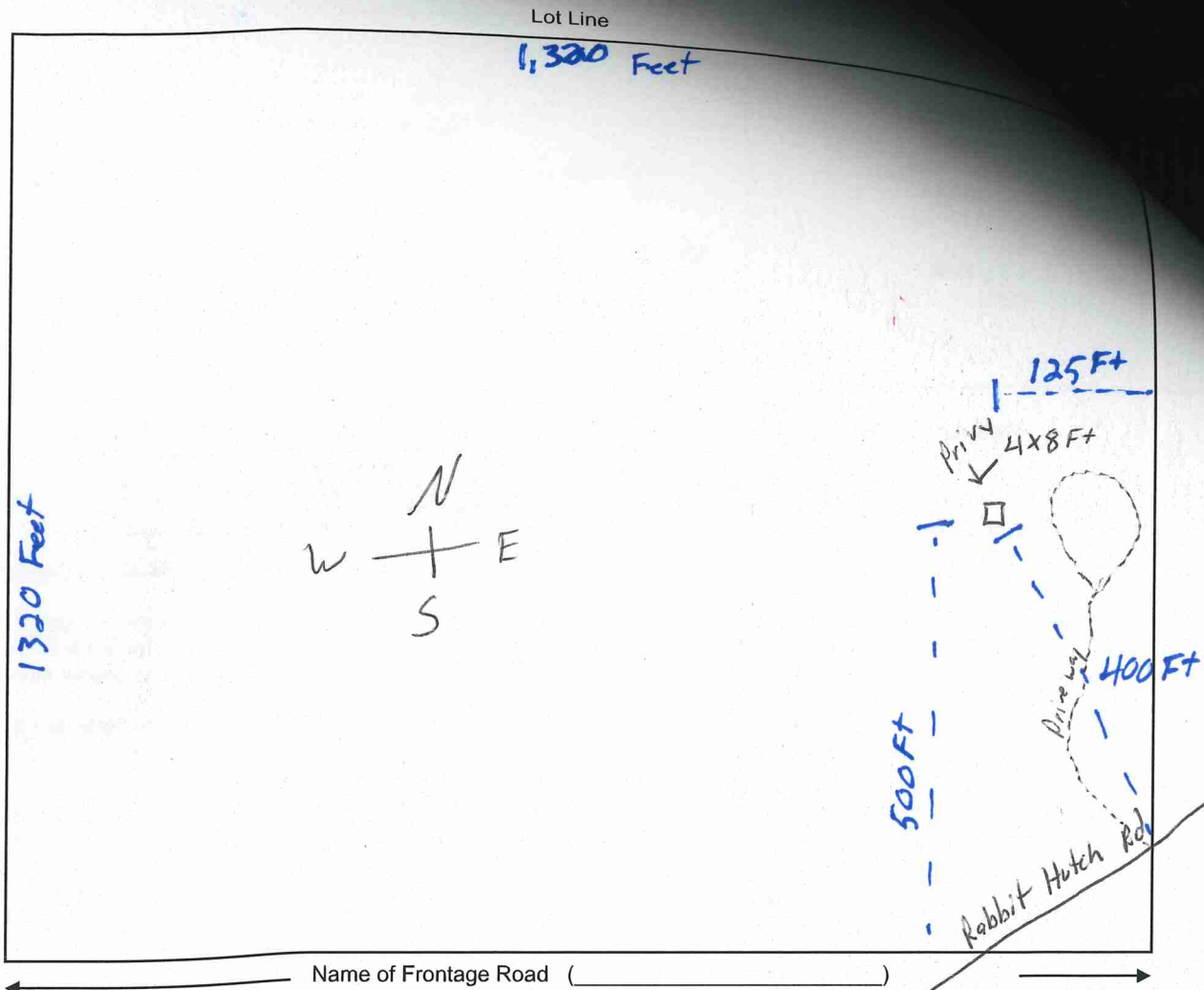


I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No. _____		County Permit No: 19-0252				
Property Owner's Name: Jay & Ashley Hammerstrom				County: Bayfield						
Address of Property: 0 Rabbit Hutch Rd Barnes WI Bayfield Co. Zoning Dept.				Property Location: SE 1/4 SW 1/4, S 28 T 43 N, R 09 E (or W)						
Property Owner's Mailing Address: 1006 Walnut St.				Township: Barnes		Gov. Lot #: _____				
City, State Marathon WI	Zip Code 54448	Phone Number 715-370-8626	Lot #	Block #	CSM #	CSM Doc #	Subdivision Name			
II. TYPE OF BUILDING: (Check One)				Tax ID#: 1088						
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms _____										
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)										
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____										
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____										
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above										
C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: 225 gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet										
V. ABSORPTION SYSTEM INFORMATION:										
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)				
VI. TANK INFORMATION:										
Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
New Tanks	Existing Tanks									
Septic Tank or Holding Tank	225	225	1	Schultz Eco-Bulk					X	
Lift Pump Tank / Siphon Chamber										
VII. RESPONSIBILITY STATEMENT:										
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.										
Owner's Name(s): (Print) If applying for Section C above Jay Hammerstrom					Owner's Signature(s): (No Stamps) 					
Plumber's Name: (Print) If applying for Section A or B) above Jay Hammerstrom				Plumber's Signature: (No Stamps)			MP/MPRSW No: _____			
Plumber's Address: (Street, City State, Zip Code)				Home Phone: _____			Business Phone: _____			
VIII. COUNTY / DEPARTMENT USE ONLY										
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit/Transfer Fee: \$150 7-3-19		Date Issued: 7-28-19		Issuing Agent's Signature / Date: Michael 1423713 7/26/19				
<input type="checkbox"/> Owner Given Initial Adverse Determination										
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:										
Install as per STATE & Mfg requirements										
Maintain water tight condition + pump waste + dispose as needed.										



JUL 29 2019
Plot Plan on reverse side

Bayfield Co. Zoning Dept.



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building. ✓
3. Show the location of the well, septic tank and drain field. NA
4. Show the location of any lake, river, stream or pond if applicable. NA
5. Show the approximate location of other existing structures. NA
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

- | | |
|--|--|
| a. Building to all lot lines ✓ | i. Privy to building NA |
| b. Building to centerline of road ✓ | j. Privy to lake, river, stream or pond NA |
| c. Building to lake, river, stream or pond ✓ | k. Drain field to closest lot line NA |
| d. Septic / holding tank to closest lot line ✓ | l. Drain field to building NA |
| e. Septic/holding tank to building NA | m. Drain field to well NA |
| f. Septic / holding tank to well NA | n. Drain field to lake, river, stream or pond NA |
| g. Septic / holding tank to lake, river, stream or pond NA | o. Well to building NA |
| h. Privy to closest lot line | |

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

Village, State or Federal
May Also Be Required

LAND USE – **X**
SANITARY – **X**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0252** Issued To: **Jay & Ashley Hammerstrom**

Location: **SE** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **28** Township **43** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Other: [Vaulted Privy (225-Gallon Schultz Eco-Bulk)]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Install as per State and manufacture requirements. Maintain water tight condition and pump waste and dispose as needed.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 29, 2019

Date